

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.  
PR/4-32412A  
APPLICATION NO.

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

APPLICANT  
LE GRAND ET AL.  
FILING DATE

Group

DT15 Rec'd PCT/PTO 09 SEP 2004

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
SC	AM	0 903 349	3/24/99	EP			<input type="checkbox"/>	<input type="checkbox"/>
SC	AN	99/04794	2/4/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
SC	AO	03/007939	1/30/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

/Susannah Chung/

DATE CONSIDERED

09/20/2006

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

## INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.

PR/4-3241

APPLICATION NO.

10/507,139

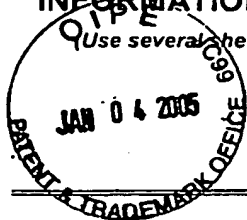
APPLICANT

LE GRAND ET AL.

FILING DATE

SEPTEMBER 9, 2004

Group



(Use several sheets if necessary)

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL SC		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	5,095,014	3/10/92	Taylor, Jr. et al.	514	210	12/7/90
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
SC	AM	2 093 456	9/2/82	GB			<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

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